NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

NOVEMBER 11, 1880.

ERRATA.

In Dr. Philipson's remarks upon Specimens from Case of Empyema (p. 12), in place of the words "in case," read "unless."

In List of Members:—For "Davis, Hugh W.," read "Davies, Hugh W."

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

A Special Meeting was held in the Library of the Newcastle-upon-Tyne Infirmary, on Thursday, November 11th, 1880—Dr. Eastwood, the President, in the chair,—to consider Dr. Arnison's proposed alteration in the rules, of which due notice was given to the members. After which the Second Monthly Meeting was held. The President called upon Dr. Arnison.

Dr. Arnison said he had a motion to propose with reference to the Rules of the Society relating to the election of officers. It seemed to him, as matters at present stood, that it was impossible for members to know the names of gentlemen from whom they should select the different officers of the Society, consequently, at times a member was elected to an office which he did not desire to fill. Without further preamble, he begged to move as follows :—

That Rules 1, 2, 3, 4, 5, be allowed to stand as at present.

Rule 6. To leave out all words after "consecutively."

Rule 7. At or before the ordinary meeting in March, any member of the Society may nominate in writing any member or members for the office of President, Vice-President, Honorary Secretary, or Members of Committee. Such nominations to be given to the acting Honorary Secretary.

Rule 8. On or before the 1st day of August, notice shall be sent to each member so nominated, informing him of his nomination, and for which office, or offices, he has been nominated, and asking if he is willing to stand for election. No reply being received within ten days he shall be taken as consenting.

Rule 9. At the annual general meeting each member wishing to vote shall send or deliver to the chairman his voting paper, enclosed in a sealed envelope, bearing on the outside the name of the member voting. Previous to the votes being counted, the envelopes shall be opened by the chairman at and in the presence of the meeting, and the voting papers placed in a suitable receptacle.

Rules 7, 8, 9, and 10 to be numbered 10, 11, 12, 13.

Mr. Hawthorn said he would be glad to second Dr. Arnison's proposition.

Dr. Anderson said he thought there should be a list of names of members nominated for officers in the Society on the notice sheet calling the annual meeting, so that every member would know who were nominated.

Dr. Luke Armstrong said it would be well that more names than one should be attached to the nomination of members for an

office. He would suggest that there should be one proposer and two supporters.

The PRESIDENT supported and approved of the principle which actuated Dr. Arnison in bringing forward these alterations.

Dr. ARNISON thanked Dr. Anderson for the correction he had suggested, as he had clearly intended that the members should be made acquainted with the names of members nominated for offices in the Society. He would be glad to accept Dr. Armstrong's suggestion.

On being put to the meeting, the motion as amended was carried.

ORDINARY MEETING.

The following gentlemen were elected members of the Society:—

Charles Nattrass, M.D., Sunderland.
W. H. Hewitson, M.R.C.S., The Dispensary, Gateshead.

The following gentlemen were proposed for election:—

A. Abraham, L.R.C.S.I., Gateshead.
Fred. C. Coley, M.B., L.R.C.P., Newcastle.
A. T. Wear, L.R.C.P., M.R.C.S., Newcastle.

Dr. DRUMMOND read a letter from Mr. Spear, thanking the members of the Society for the honour they had done him in electing him an honorary member.

PREVALENT DISEASES OF THE DISTRICT.

The PRESIDENT stated that he had, in accordance with the resolution passed last meeting, seen two members of Parliament, and enlisted their interest in the memorial which the society had forwarded to the President of the Local Government Board respecting the spread of infectious diseases through day schools; and he trusted these gentlemen would see their way to bring the matter prominently before the Government.

Dr. BRADLEY said there were two questions he would like to ask the members present, and particularly medical officers of health. They were—first, whether or not a house in which a case of croup occurred should be fumigated and otherwise disinfected? and, second, was it desirable that children should go to school from a house in which there was a case of typhoid fever?

Dr. MACLAGAN said he thought it would be judicious to fumigate and disinfect a house in which croup had occurred, and he did not see any reason why children from a house in which typhoid was should be kept from school.

PATHOLOGICAL SPECIMENS.

Mr. GOYDER said the specimens which I have the honour to show you, in Dr. Heath's absence, are two in number. The first, a solid ovarian tumour, removed by Dr. Heath some weeks ago—the patient recovering from the operation without any bad symptoms. There were no adhesions. The pedicle was ligatured in sections, and the ends of the whip cord cut off short; the pedicle being returned into the belly. The other ovary was at the same time removed for incipient disease.

The other specimen is one of malignant disease of the tongue, for which the whole organ was removed by the ecraseur, the jaw having been first divided at the symphysis. No bleeding of importance followed the operation, and the patient is, at the present time, in the Housə, doing well. The jaw was united by copper wire sutures, which are still *in situ.*

Dr. ARNISON showed a basket work "go-cart," an exact copy of one he had seen in use in the Hospital in Copenhagen, in August last. The advantage it possessed over crutches was that it was impossible for the child using it to fall.

Dr. ARNISON also showed the half of a tongue removed for epithelioma by the ecraseur, after dividing the tongue in the median line and separating it from its connections with the floor of the mouth by the thermo-cautère. The patient had left the hospital well.

Mr. GOYDER presented a specimen of cystic disease of the kidney and said the kidney, which I here show to you, is a specimen of general cystic degeneration as it occurs in adults. It was removed in October, 1877, by me, from a patient of Mr. James Robson's, of South Shields, to whose kindness I am indebted for the opportunity of showing the specimen. The patient from whom it was removed was 47 years of age, the mother of two children, and died suddenly with uræmic symptoms, after only a few hours illness. The details of the case are published in the *Students' Journal* for April 27, 1878. The rarity of the affection, aud the fact that, in a life-time of practice in kidney affections, Dr. William Roberts, of Manchester, (handbook) has been only able to collect the records of fifteen cases, and has only seen one case himself, must be my excuse for exhibiting this specimen to you to-night.

Dr. PHILIPSON stated that in the year 1870, at the autopsy of one of his Infirmary patients, both kidneys were found enormously enlarged from multiple cysts. They were modelled in wax, and were exhibited in the Museum of the British Medical Association,

at the annual meeting held in Newcastle-upon-Tyne in 1870. The models are now in the Museum of the University of Durham College of Medicine at Newcastle-upon-Tyne. In the same Museum of the British Medical Association, Mr. Jonathan Hutchinson, of London, exhibited a wax model of cystic disease of the kidneys.

Dr. PHILIPSON agreed with Mr. Goyder as to the rarity of the condition, and also as to the formation of the cysts.

Dr. PHILIPSON, in answer to Dr. Drummond, stated that the cysts contained a small quantity of albumen, the ordinary salts existing in the fluids of the body, but no urinary ingredients.

Mr. SERVICE showed a splinter of wood which penetrated the brain, and a bullet which caused death by injuring the pulmonary artery, and said:

MR. PRESIDENT AND GENTLEMEN,

I have here to show you two relics of a couple of remarkable cases, and shall not occupy much of your time with what I have to say. The first is this splinter of wood. One night in the month of October, 1866, a groom, employed at Eglinton stables in Ayrshire, was going home intoxicated from Kilwinning, and near the outskirts of that town was set upon and pursued by two pitmen, who were in a similar condition. He entered a field, and stumbling in the dark, fell, close to an old hedge. This was late at night. At two o'clock in the morning he gathered himself together, and appeared at the house of a friend in the town, who walked to his house with him, a distance of two miles. My father saw him about 7 a.m., and found him in bed in a quiet, half-dozing state. On being spoken to he answered readily and sensibly, rose from bed, and walked two or three steps to a chair opposite the window without assistance. On examination there was found a contused and lacerated wound, somewhat circular in form, at the inner canthus of the left eye. There was considerable swelling round its edges and over the eyelids generally, and $\frac{3}{8}$ths of an inch below the lips of the wound a dark-coloured foreign body was visible. On probing, this was found to be wood. The upper eyelid being raised, about one-half the pupil could be seen, the eyeball being pressed outward and upward under the arch of the orbit. The power of vision was *not* destroyed. Extraction of the splinter was forthwith attempted with a pair of dressing forceps, the only means at hand, but it was found to be perfectly immovable. Taking into consideration the gravity of the case, my father consulted with a neighbouring surgeon, the late Dr. W. B. Hamilton, of Dalry, and after using what he describes in his notes as "a very considerable force of extraction," succeeded with a pair of tooth forceps in pulling to the light of day this piece of wood which I now show you. As you will see, it is flattened on one side, rounded on the other,

and wedge-shaped, being narrowest and thinnest at the penetrating extremity, and gradually becoming broader and thicker until, at its opposite end, it measures $\frac{5}{8}$ths of an inch in breadth and about $1\frac{3}{4}$ths in circumference. Its length is about $3\frac{1}{2}$ inches. It is evidently a piece of decayed wood, such as might have formed part of an old fence. The direction in which it had penetrated from the inner canthus of the left eye was backwards and slightly upwards.

Now the curious thing about the case was this—that the patient never presented a bad symptom. A trickling stream of dark venous blood flowed from the wound, but it soon became a slight oozing, and though considerable faintness followed the extraction, it passed away in a few minutes when he was laid in the recumbent posture. The pulse, both before and after extraction, was 80, soft and weak. Recovery was slow, and for a long time after the accident he is described to me by a person who knew him as being "a little light-headed," but he ultimately became quite well, and was, within the last four years, following his occupation in Edinburgh.

Perhaps some gentleman present who may have made a special study of brain lesions and their modern literature, can offer me some explanation of why this man recovered without any indication of neuric disturbance, or indeed of why he recovered at all.

The second case, gentlemen, which I have the pleasure of drawing your attention to very shortly has, I think, an important forensic bearing. Twelve years ago this month, a man living in Palmer's Row, Jarrow, was shot in the chest by a jealous neighbour while standing at his own door. He immediately ran after his assailant, in the direction of the shipyard gate, got a distance of thirty yards, and then dropped. Dr. Whamond, of Jarrow, who kindly gave me these particulars some years ago, made the autopsy, and found this pistol-bullet lying in the muscles of the back, just in front of the scapula. It had struck the sternum, traversed the lung, pierced the pulmonary artery, and emerging between the fourth and fifth ribs, had been diverted by the upper margin of the fifth, and lodged in the situation where it was found. The left pleura was filled with blood. Now the fact that this man ran such a distance after such a serious injury, and after the division of such a large vessel as the pulmonary artery before collapse set in has, I think, an obvious importance and value from a medico-legal aspect.

Dr. Drummond said he thought the society was indebted to Mr. Service for bringing before them these interesting cases, which he had so well related. With reference to the brain injury, he thought the case was quite in accordance with the generally accepted views

of brain-function localisation, harmonising, as it does, with numerous cases reported from time to time of lesion of the anterior portion of the frontal lobes without symptoms—to wit, the celebrated American crowbar case. The splinter might have injured the anterior tip of the temporo-sphenoidal lobe, where Ferrier and others have supposed the centre for smell to be located.

Dr. Luke Armstrong related a case which had been under his care, in which, as the result of injury, the patient lost a considerable part of the anterior portion of his brain. This patient made a good recovery, and he believed he was alive and well at the present time, the injury having occurred some years ago.

Mr. Mearns stated that he had recently seen Dr. Armstrong's patient, and he had complained a good deal of giddiness of late.

Dr. Arnison reminded the Society that not very long ago a case had been treated in the Infirmary, in which a considerable portion of the front of the brain was destroyed by a hot poker, and the patient made an excellent recovery.

Dr. McDowall said it is well known that the first, second, and anterior two-thirds of the third frontal convolutions may be diseased without the production of motor symptoms. He had, however, a case in which epilepsy was associated with a lesion of the first frontal; but he would not like to say that the lesion and symptoms stand in the relation of cause and effect. The patient was admitted nearly ten years ago; at that time he had been insane nearly fifteen years, and his illness was attributed to an injury of the head, produced by a fall from a house. He suffered from epilepsy and dementia, with occasional excitement. The fits were peculiar, and may be divided into three classes: 1st, Those lasting only a few seconds, and in which there was no general convulsion. The first indication of an attack was his crying "Oh, aye," the arms were half raised, the left higher than the right; then he slipped off his chair, always to the left side, on to his left buttock. He then began wheeling round, always to the left side, and crying "Oh, aye" the whole time. Though perfectly unconscious, he used both arms and legs to help himself round. He pushed with his feet, and used his hands chiefly to balance himself. If interfered with in this stage, he struggled to continue the rotatory movement. The whole duration of such attacks was about twenty seconds. By the time the rotation ceased, conciousness was regained. He got up immediately, and though somewhat stupid he was able to begin his usual occupation. 2nd. They began as already described, but were more prolonged. 3rd. General convulsions. They began like the first and second varieties, but developed into intense seizures, in which there was no rotation on the left hip. They were, however, peculiar in this, that the patient never fell forwards, but always backwards,

and to the left side. He was always most convulsed on the left side.

At the necropsy a hard calcareous tumour, the size of a nut, was found imbedded in the internal surface of the first frontal convolution, about its middle third. It was surrounded by a small circle of softening.

The PRESIDENT said that this interesting case appeared to him of importance as showing how serious injury of portions of the brain might take place, and yet not be accompanied by mental disturbance. There were also cases where a considerable amount of disease had existed without decided symptoms affecting the mental organs, though sooner or later epilepsy or some other affection occurred. The only explanation he could give was, that the facts were in favour of the duality of the mind, so that when one hemisphere was sound and the other injured the functions of the brain went on, at least for a time, without serious disturbance.

EXHIBITION OF PATIENTS.

Dr. OLIVER showed a patient suffering from cerebellar disease. P. G., aged 40, Corporation labourer, admitted 12th August, 1880, complaining of dizziness and of what he called staggers. He has been a healthy man until about 15 months ago, when after serving with the militia, at Dunbar, he began to suffer from convulsive tremors of the muscles of the legs, and from vertigo. Soon after this he began to fall when out walking. At other times he would turn round, and after undergoing this act of rotation, which was entirely beyond his control, he would fall to the ground.

When I saw him at first, there was marked incoordination of the muscles. In walking he swayed from side to side like a drunken man, and would frequently have fallen had help not been at hand. There was complete absence of anything like paralysis of the muscles of the limbs or atrophy of the same. Patellar tendon reflex and ankle-clonus were absent, but the superficial or plantar reflex was rather increased. There was œdema of the inner half of each optic disc.

Under the administration of iodide of potassium and of hydrarg. perchlorid. the patient began to amend, and by the 6th October he had so far recovered that he was able to walk about in the garden and the wards unsupported, and in this condition I gave him liberty to leave the Infirmary. Though there supervened an almost immediate improvement upon the use of pot. iod. and hydrarg. perchlorid., the patient never would admit that he had suffered from syphilis. On this point I may say that I have frequently seen the best results

follow this line of treatment in cerebral cases generally, and in those especially where there was no room for the slightest suspicion of syphilis.

Dr. McDowall said: Dr. Hume has just remarked to me that Dr. Oliver's case presents many of the symptoms of general paralysis. In this I quite agree, and hope that Dr. Oliver will keep the man under observation and communicate the result to the society, as I believe that he will die in an asylum of the disease known as general paralysis of the insane. At the present time special attention is being paid to the connection between chronic lead poisoning and G. P. As this man has worked in lead works, it would be well that special inquiries be made in this direction.

Dr. Philipson introduced a patient, suffering from locomotor ataxia, in whom the deep reflexes were exaggerated. The man, aged 45, eighteen months ago, after exposure in his occupation of a newspaper seller, experienced difficulty in walking, associated with pain in the spine and a feeling as if his abdomen was girded. His gait was markedly ataxic, his sensation and power of motion in the lower extremities were impaired, the right more than the left. He was troubled with incontinence of urine and irregularity of the bowels. The patella tendon reflex was greatly increased, especially in the right leg. The ankle clonas was very marked, more especially in the right leg.

Dr. Philipson looked upon the case as one of myelitis, situated at the lower dorsal region, and surmised that sclerosis of the right lateral column of the cord had occurred subsequently to the myelitis.

Dr. Drummond said he thought the case which Dr. Philipson had just given the Society the opportunity of examining, one of extreme interest and importance. It was certainly an undoubted case in which the two symptoms of spinal disease, usually foreign to one another, were united, viz., ataxia of locomotion and increase in the deep reflexes. The explanation seemed to lie in the supposition, as advanced by Dr. Philipson, that the lesion was not confined to the posterior columns, but the morbid process had given rise to a secondary descending sclerosis of the lateral columns, and hence the tendency to rigidity with the increased reflex action.

CASES OF RETROFLEXION OF THE WOMB.

By F. W. NEWCOMBE, M.D., Gateshead.

Mr. President and Gentlemen,

A year and a half ago Mrs. B. called me in to see her. I found her suffering from great pain of the bowels, inability to pass water, violent sickness, and great pain down the right sciatic nerve. She was a tall stout woman, and had been delivered of one child, and menstruated very profusely every three weeks.

There was great tenderness over the womb and both ovaries. She was suffering from acute metritis. I ordered poultices, gave morphia, emptied the bladder, enjoined rest, &c. In a week all acute symptoms were allayed, and I made an examination and found the uterus greatly enlarged, acutely retroflexed, and very tender. I did not consider it wise to introduce a sound in the condition of things as they were, and determined to wait until the parts were in a less congested state. I waited until a week after her next menstrual period, having kept her recumbent all that time—indeed, on account of the sciatic pain, she could not rise, due to the backward pressure of the womb on the sacral nerves, and then, as her normal condition had been one of great pain, her life, as she expressed it, having been for three or four years one of misery, and having undergone many different kinds of treatment for sciatica, &c., the actual cause not having been recognised, I determined to elevate the womb and introdnce a padlock stem pessary. This, I found, did not answer; it immediately relieved the sciatica, but the stem being fixed firmly into the base did not give sufficient play for the womb, and, besides, caused the right ovary to swell and become tender. I removed it, and waited a few days, and then introduced a Wynn Williams stem pessary--the stem being fitted into an india-rubber diaphragm allows more movement of the womb. This answered admirably. Within a week she was able to walk without discomfort, and her life, from having been one of pain and invalidism, became one of usefulness. She went on well for two months, when I was sent for. The pessary had slipped out. She thought herself so well that, forgetting my admonitions to be careful, she lifted a heavy weight in a stooping position, and the strain forced out the pessary. She was in bed, the sciatic pain as bad as ever, and she could not walk.

I re-introduced the pessary; she wore it eight months, during which time she was perfectly well. A month since, after a long fatiguing walk in the heat, she caught a chill. I found her suffering from a congested liver and gravel pain over the bladder and stranguary. I am sure the pain was not due to the presence of the

pessary; but as it had been in so long I removed it. It was perfectly clear and free from smell, and need not have been touched. On her recovery, I examined and found the womb of a normal size, no tenderness, and the retroflexion not so acute. She has not, so far, had a return of the sciatic pain, and, feeling so well, has determined to try and do without further treatment. This, gentlemen, is a case if not quite cured, still greatly relieved by the introduction of a stem pessary—the legitimate and only method that I could see of affording relief—and I think you will agree that the end justified the means.

Three weeks ago another patient sent for me. I found her in bed, groaning in agony, suffering great pain over the lower part of the bowels, and unable to pass water. She told me that a fortnight previously she had fallen from a chair on which she was standing to clean a window. She injured her leg, and felt pain in the side and bowels, but thinking it would gradually go off, did not send for advice until obliged. She was a strong, healthy woman, 35 years of age, never borne any children. I relieved the bladder, and upon examination found her womb completely retroflexed, the fundus very tender and fixed firmly in its abnormal position. I pushed it up a little with my finger in the bowel, introduced a morphia suppository, and left her much relieved. The next morning I found her as bad as ever. Having had occasion to relieve the bowels, the straining effort had forced the fundus down again. I thoroughly reduced the dislocated uterus, introduced a watch spring ring pessary, which by stretching the vagina kept the uterus in its place, effectually relieved all the symptoms, and the next day she expressed herself as feeling quite well. Without this treatment she would have become a confirmed invalid; and again I think you will agree with me that the end justified the means.

I will now relate another aspect of retroflexion, in which the use of instrumental measures proves useless, and does harm.

A lady, a month ago, brought me a bag full of pessaries tried by different medical men, many of the best London gynecologists, without the slightest benefit. She had an enlarged retroflexed womb, the corvix immensely elongated, and the fundus only felt high up, by a rectal examination, firmly fixed by adhesions. The ovaries prolapsed easily distinguished through the vaginal wall, tender to the touch, and enlarged. The lady had experienced frequent attacks of inflammation, and the adhesions were the consequence. She was young, lately married, and very anxious to have a child, and, doubtless, had consulted many medical men with the hope of being cured, but, alas, the bag of pessaries was the only result.

Nor in this lady's present condition no pessary would be of any

avail, and would do more harm than good. No pessary could be introduced without pressing on one or both ovaries, and acute pain and inflammation would ensue ; and, besides any strain put upon the adhesions, binding the uterus would set up metritis.

If this lady had been seen and treated at first, no doubt she could have been easily cured, in the same way as the second case related, and her future course of life would have been very different.

As regards her treatment, not wishing to dishearten her, and seeing the folly of trying local measures, I sent her to Kreutznach, where some of my patients have received benefit, with the hope that the treatment there may remove the congested state and tend to absorb adventitious tissue.

In time to come, if no improvement takes place, and her life is rendered miserable, I shall certainly take into consideration the justifiability of removing the ovaries. I know that among many medical men, grave prejudices exist against instrumental measures in uterine displacement (and, doubtless, these cases do give rise to a large amount of tentative treatment), which only a more thorough knowledge and a larger experience of the subject can eradicate ; but I feel certain that, from the many successful results obtained in my own practice, the treatment in suitable cases is perfectly legitimate.

NOTES OF A CASE OF VESICAL CALCULUS OF TRAUMATIC ORIGIN.

By G. H. HUME, M.D., Surgeon to the Newcastle Infirmary.

J. W., a fitter, aged 28, was admitted into this Infirmary on April 15, 1880. He stated that nine months previously he fell from a height while at work. He alighted on an upright iron pin, which passed up the anus. The accident was followed by a free escape of blood from the bowels, and on trying to pass water blood flowed from the urethra also. On reaching home it was noticed that a clean hole had been punched out of the seat of his trousers. At night a surgeon was sent for, and passed a catheter on account of retention.

The patient remained in bed for a fortnight after his accident. During that time and till the date of his admission he suffered from frequent micturition and pain, most severe immediately after the bladder was emptied. He stated that from time to time he had passed fragments of stone, and on one or two occasions some fibres of cloth.

Examination.—On introducing the finger into the bowel, what seemed to be a cicatrix could be detected in the anterior wall of the rectum. The position of this scar corresponded to the base of the bladder, somewhat to the right of the middle line. The bladder was then sounded, and the presence of a stone discovered. It seemed of small size, and freely moveable in the bladder.

A few days afterwards I performed lithotrity. Three subsequent sittings, including the final examination, were required. The urine, which at the time of admission contained a copious phosphatic and mucous deposit, became quite clear, and the patient was dismissed on the 18th May. He had been detained in the hospital to test as far as possible the permanence of the cure.

The case is interesting as an instance of penetrating wound of the bladder through the rectum. It is further interesting from the fact that a fragment of clothing was carried into the bladder and became the nucleus on which a calculus was formed. Considering the mode of origin of this calculus, there may be room for difference of opinion as to whether lithotomy would not have been the better operation. My choice was determined by the belief that the stone lay loose in the bladder, and that there was probably no calculus matter adherent to the vesical wall. The rapidity with which after the crushing all symptoms disappeared and the urine cleared up seemed to confirm this view; and I had the satisfaction of hearing from my patient, who came to show himself in the end of August, that he was then quite well.

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